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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed in Teameric learn for	in to Application of Abraham Domb et al.				
1450, Alexandria, VA 22313-1450' [37 CFR 1.8(a)] on See Certificate of Facstrale Transmission		083,413	Fliad February 27, 2002		
Typed or printed On Transmittal Form PTO/SB/21	Art Unit	ADDA [CAGINGS			
Applicant hereby appeals to the Board of Patent Appeals and Interferences		IVI	chele C. Flood		
The fee for this Notice of Appeal is (37 GFR 41.20(b)(1))		\$.	500.00		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the by half, and the resulting fee is:	e fee shown abo	ve is reduced \$_	250.00		
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A petition for an extension of time under 37 CFR 1.186(e) (PTO/88/2		a ous sieth.			
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app@cant/inventor.	,				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.	Signature Patres L. Pabst				
(Form PTO/SB/96)		Typed or pr			
attorney or agent of record. Registration number 31,284		404.87	9 2151		
	-	Telephone			
attorney or egent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.		Anril 2	5, 2005		
		Da	te .		
NOTE: Signatures of all the inventors or assignees of record of the entire in Submit multiple forms if more than one signature is required, see below.	nlerest or their re	presentative(s) are n	equired.		
*Total of forms are submitted.					
This collection of information is required by 37 CFR 41.31. The information is required by process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR opposition, including gathering, preparing, and submitting the completed application for complete on the amount of time you require to complete this form antity suggestion; 1.5. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. ORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients. P.D. Box 1450. 8 you need assistance in completing the form, city.	m to the USPTO. a for reducing this Alexandris, VA 2 Alexandris, VA 2 1-600-PTO-0169	Timo will vary depending burden, should be sent 2313-1450. DO NOT 1313-1450.	decimated to take 12 minutes to g upon the individual case. Any		
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FEE TRANSMITTAL For FY 2005			U.S. Patent and Trademork Office; U.S. DEPARTMENT OF COMMERCE expand to a cofection of information unless a disprays a valid OMB control number Complete if Known							
		Application N		10/083						
		Filing Date			ry 27, 20	02				
		First Named I	notriavn	Abraha	m J. Dor	nb et al.				
[] Applicant	claims amail e	entilly state	tus. See 37 CFR 1	27	Examiner Ner	no		C. Floo		
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METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify);										
Deposit Account Deposit Account Number, 50-3129 Deposit Account Deposit Account Number, 50-3129										
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Charge any additional fee(s) or underpayments of fee(s) Crodit any overpayments under 37 CFR 1.16 and 1.17 WANALING: information on this form stay become public. Credit card information chould get be included on this form. Provide credit card information and authorization on PTO-costs.										
FEE CALCUI	LATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Application	Type	Fee (5)	Small Entity Fee (\$)	Fee (Small Entity		. Small l	mity		
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Design		200	100	100	230 50	130	100			·
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Reissue		300	150	500	250	600	80 300			
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2. EXCESS CLAIM FEES Fire Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 35 36 36										
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Shorts Patra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)										
. OTHER FEE(S) [round up to a whole number) x Form Paid (S)										
Non-English Specification: \$130 fee (no small entity discount) Other: Notice of Appeal \$250.00										
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ignature		1		_	Registration No. (Alterney/Agent)	31,284	7	elaphone	(404) 879	9-2151

Date April 25, 2005 This coisculan of infurnation is required by 37 CPR 1.136. The information is required to chimin or return a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Tens will vary depending upon the individual case. Any comments on the smound of time you reques to complete this form analyst suggestions for reducing this burden, should be such to this briomation Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandris, VA 22313-1450. DO NOT SEND PEET OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.

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